## EXTERNAL COMPLAINT OF DISCRIMINATION

## **INSTRUCTIONS:**

The purpose of this form is to help any person interested in filing a discrimination complaint with Rush County, Indiana. You are not required to use this form. You may write a letter with the same information, sign it, and return it to the address below. All bold items must be completed for your complaint to be investigated. Failure to provide complete information may impair the investigation of your complaint.

Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulations (Title VI) prohibit discrimination on the basis of race, color, national origin, sex, age, disability/handicap, or income status in connection with programs or activities receiving federal financial assistance for the United States Department of Transportation, Federal Highway Administration, and/or Federal Transit Administration. These prohibitions extend to Rush County, Indiana as a sub-recipient of federal financial assistance.

Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. Complaints may also be filed using alternative formats such as computer disk, audiotape, or Braille.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to Rush County, Indiana. Additionally, you have the right to seek private counsel.

Rush County, Indiana is prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI or other nondiscrimination authorities.

Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address below.

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

\*\*Your complaint cannot be processed without your signature.

## **External Complaint Form**

COMPLAINANT INFORMATION						
Name (first, middle, and last)						
Address (number and street, city, state and ZIP co	ode)		79.			
Horne telephone number ( ) -	Work telephone number		Cellular telephone number ( ) -			
Name of complainant		<u> </u>	Date (month, day, year)			
PERSON / AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU						
Name (first, middle, and last)		Title				
Name of company						
Address (number and street, city, state and ZIP co	de)		,			
Home telephone number ( )	Work telephone number	4404	Cellular telephone number ( ) -			
When was the last alleged discriminatory	act? (month, day, yea	r)				
Complaints of discrimination must be filed discrimination occurred more than 180 da	f within 180 days of the ys ago, please explain	ne date of the alleged n your delay in filing t	discriminatory act. If the alleged act of his complaint.			
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		**********************				
		***************************************	************************************			
The alleged discrimination was based on:	Gender 🔲 Natio	nal Origin   Disab	ility 🗌 Age 🔲 Retaliation			
Describe the alleged act(s) of discrimination	on. (Use additional pag	ges, if necessary.)	and the second s			
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Name of complainant			Date (month, day, year)			
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Provide the names of any individuals with	ı additional informatio	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	ıplaint:			
Name of witness 1 (first, middle, and last)		Title				
Name of company	· · · · · · · · · · · · · · · · · · ·					
Address (number and street, city, state and ZIP co	ode)	######################################				
Home telephone number	Work telephone number		Cellular telephone number			
( ) -	( ) -		( ) -			
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.						
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Name of witness 2 (first, middle, and last)		Title				
Name of company						
Address (number and street, city, state and ZIP cod	de)	***************************************	ente en MAN A 4 est trap e 100 est en estadorno e transferio en transferio en fora de mantenamenta de mante de			
Home telephone number	Work telephone number	-	Cellular telephone number			
( ) -	( ) -		( ) -			
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.						
Name of witness 3 (first, middle, and last)		Title				
Name of company						
Address (number and street, city, state and ZIP coo	de)	· · · · · · · · · · · · · · · · · · ·				
Home telephone number ( ) -	Work telephone number ( ) -		Cellular telephone number ( ) -			
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.						
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How would you like your complaint to be resofved?						
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Name of complainant		Date (month, day, year)			
Have you filed a complaint alleging the same discrimination with another state or federal agency?					
If yes, please provide the following information for each agency:					
Name of the agency					
Case number assigned to your complaint	Current status of your compla	Current status of your complain!			
How did you learn about your right to file a discrimination complaint with INDOT?					
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	* * * * * * * * * * * * * * * * * * *	·			
Signature	The second secon	Date signed (month, day, year)			

## SEND YOUR SIGNED COMPLAINT FORM TO:

Tony Personett
Title VI Program Manager
101 E. 2<sup>nd</sup> Street, Room 208
Rushville, IN 46173
765-932-2077 ext. 295
tpersonett@rushcounty.in.gov